



**STATE OF ARIZONA
COCHISE COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

1. Committee to Elect Orson Judd
 Full Name of Committee
#224 E. Dea Lane (P.O. Box 397)
 Address
St. David, AZ 85630 520-720-4336
 City Zip Code Phone

3. ID# 2014-23

2. Orson Judd
 Sponsoring Organization (if applicable)
Orson Judd
 Name of Candidate and Office Sought (if applicable)
 Email Address Fax #

2014
 Consolidated Elections
 March 11, 2014
 May 20, 2014
 Countywide Elections
 August 26, 2014
 November 4, 2014

4. Reporting Period (Please Check Appropriate Box)		Due Between
a.	<input type="checkbox"/> JANUARY 31ST REPORT - For Period of November 27, 2012 through December 31, 2013	January 1, 2014 and January 31, 2014
b.	<input type="checkbox"/> JUNE 30TH REPORT - For Period of January 1, 2014 through May 31, 2014	June 1, 2014 and June 30, 2014
c.	<input checked="" type="checkbox"/> PRE-PRIMARY ELECTION REPORT - For Period of June 1, 2014 through August 14, 2014	August 15, 2014 and August 22, 2014
d.	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT - For Period of August 15, 2014 through September 15, 2014	September 16, 2014 and September 25, 2014
e.	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT - For Period of September 16, 2014 through October 23, 2014	October 24, 2014 and October 31, 2014
f.	<input type="checkbox"/> POST-GENERAL ELECTION REPORT - For Period of October 24, 2014 through November 24, 2014	November 25, 2014 and December 4, 2014

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	0	0
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)	200.00	200.00
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	900.00	900.00
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)	1100.00	900.00
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]	0	0
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	315.00	882.96
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	785.00	0

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: _____

2. ID#

3. Report covering period from _____ thru _____

RECEIPTS

- 4. Contributions other than loans and in-kind
 - (a) Individuals - more than \$25 (Total from Schedule A)
 - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
 - (c) Political Committees (Total from Schedule B)
 - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
 - (e) Refund of contributions (Total from Schedule F-2)
 - (f) Total Contributions Other than Loans and In-Kind [subtract 4(e) from 4(d)]
- 5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
 - (b) All other loans (Total from Schedule C-1)
 - (c) Total Loans [add 5(a) and 5(b)]
- 6. In-kind contributions (Total from Schedule E)
- 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
- 8. Total Receipts [add 4(f), 5(c), 6 and 7]

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
900.00	900.00
900.00	900.00
900.00	900.00
900.00	900.00

DISBURSEMENTS

- 9. Expenditures for operating expenses (Total from Schedule D)
- 10. Independent Expenditures (Total from Schedule D-1)
- 11. Value of In-kind expenditures (Total from Schedule E)
- 12. Loans made by reporting committee (Total from Schedule D-2)
- 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
 - (b) Repayment of all other loans (Total from Schedule D-5)
 - (c) Total Loan Repayments [add 13(a) and 13(b)]
- 14. Transfers to other political committees (Total from Schedule D-6)
- 15. Any other disbursement (Total from Schedule D-7)
- 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
- 17. Rebates, refunds and other offsets to operating expenses (total from Schedule D-3)
- 18. Total disbursements [subtract line 17 from line 16]
- 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

	315.00
	315.00

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.	
Type or Print Name of Treasurer	<i>Orson Juell</i>
Signature of Treasurer or Candidate or Designating Individual	<i>Orson Juell</i>
Date	8/18/14

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name: Committee to Elect Orson Judd

2. ID#

3. Report covering period from 6/1/14 thru 8/14/14

4. INDEPENDENT EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Pay Myer Circulators</u>	<u>8/1/14</u>	<u>\$215.00</u>
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input checked="" type="checkbox"/> Opposed <input type="checkbox"/> <u>Orson Judd JP3 2014</u>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP <u>Banner Postal Annex</u>	<u>8/7/14</u>	<u>100.00</u>
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input checked="" type="checkbox"/> Opposed <input type="checkbox"/> <u>Orson Judd JP3 2014</u>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted <input type="checkbox"/> Opposed <input type="checkbox"/>		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		<u>315.00</u>

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Orson Judd

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	
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2. ID#

1. Committee Name: _____

3. Report covering period from _____ thru _____

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR					
4a.	LAST	FIRST	7/28/14	200.00	200.00	
	STREET ADDRESS					
	CITY	STATE				ZIP
	OCCUPATION	EMPLOYER				
Shumacker Greg		MI				
ST. David		AZ	85630			
Pharmacist			self			
4b.	LAST	FIRST	7/28/14	200.00	200.00	
	STREET ADDRESS					
	CITY	STATE				ZIP
	OCCUPATION	EMPLOYER				
Kavtchnev Dean		MI				
Benson		AZ	85602			
4c.	LAST	FIRST	7/28/14	500.00	500.00	
	STREET ADDRESS					
	CITY	STATE				ZIP
	OCCUPATION	EMPLOYER				
Tvejo Alisa		MI				
St. David		AZ	85630			
Homemaker			self			
4d.	LAST	FIRST				
	STREET ADDRESS					
	CITY	STATE				ZIP
	OCCUPATION	EMPLOYER				
4e.	LAST	FIRST				
	STREET ADDRESS					
	CITY	STATE				ZIP
	OCCUPATION	EMPLOYER				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A]					

*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.